

Treatment of Suicidal Behaviors in LGBTQ Youth



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A Little Wedding Story

Opening Activity



- List 3 Things that our LGBTQ Youth Struggle Most?
- Experiential Exercise: Diads

How Common is it?



- LGB(T) Youths Experience More Suicidal Behavior as a Group than other youth
- 1.5-3 times More likely to report Suicidal Ideation
- 1.5-7 times More likely to have reported an attempted suicide
- Self-Injury More Common

Comparison



Adolescents as a Whole

- 3rd Leading Cause of Death (4000 Suicides Per Year)
- 4.6% Lifetime Suicide Attempt Rate 15-54yr olds
- 8.4% of 9-12th Graders attempted suicide in past 12 months
- 4-8% of all young people have attempted suicide
- 16.9% of 9-12th Graders report Suicidal Ideation in Past year

LGBTQ Adolescents

- Difficult to state Cause of Death
- Range of 14-54% Report Suicide Attempts During Adolescents
- 2 times the Intent to Die and Seriousness of Attempts
- Range of 30-60% report Suicidal Ideation in past year

Non-suicidal Self-Injury



- Deliberate, direct destruction or alteration of body tissue w/out conscious suicidal intent
- Resulting in injury sever enough for tissue damage to occur (cutting, burning, carving etc)
 - Harm Occurs Immediately
 - Involves conscious intent to harm oneself
 - Appears to be linked with Emotional Distress
- LGBTQ Youth tend to have Increased Rates of Self-Injury

Functions of Self-Injury



- **Emotion Regulation**
 - Self-harm is often conceptualized as an emotion regulation strategy, or an attempt to change emotional distress
- **Avoidance Mechanism**
 - One of the most commonly reported reasons for engaging in self-harm is to obtain relief from aversive/unwanted emotions
- **Communicate to Others/Influence Others**
 - Self-Harm is sometimes associated with one's ability to communicate emotional experiences to others and as a means of getting needs met from others

Conclusion



- LGBTQ Adolescents have significantly higher rates of Suicide Attempts
- LGBTQ Adolescents have significantly higher rates of Suicidal Ideation
- LGBTQ Adolescents have higher rates of Self-Harm or Self-Injurious Behaviors
- LGBTQ Adolescents have More Risk Factors and Fewer Protective Factors

Risk Factors for LGBTQ



- Make it more likely that individuals will develop a disorder
- Risk factors may encompass biological, psychological or social factors in the individual, family and environment
- LGBTQ Youth Tend to Have Elevated Risk Factors, More Psychosocial Stressors, and Fewer Protective and Supportive Factors

Risk Factors cont.



- Include Psychological, Environmental, Behavioral, and Biological Components
- Examples:
 - mental disorders
 - a lack of social support
 - a sense of isolation
 - stigma associated with seeking help
 - loss of a relationship
 - access to firearms and other lethal means
 - Gay Related Stressors

Risk Factors for LGBTQ



- Elevated as a consequence of the psychosocial stressors associated with being lesbian, gay, or bisexual
 - including gender nonconformity
 - victimization
 - lack of support
 - dropping out of school
 - family problems
 - suicide attempts by acquaintances
 - homelessness, substance abuse, and psychiatric disorders.

Risk Factors cont.



- Unsafe School Environments
- Discrimination and Stigma
- Isolation
- Depression
- Substance Abuse
- Family Rejection
- Social Rejection
- Foster Care Involvement
- Juvenile Justice Involvement
- Violence and Harassment
- Invalidating and Shame Inducing Environments
- Loss of Loved One
- Previous Suicide Attempts
- Time of Coming out, Early Coming out, Not Coming out to anyone

LGBTQ Related Risk Factors



- Stressors related to
 - Awareness
 - Discovery
 - Disclosure
- Increase risk of Suicide occurs with Early Disclosure of Sexual Identity

LGBTQ Protective Factors



- Protective Factors offset Risk Factors
- Target Increasing Protective Factors and Decreasing Risk Factors
- LGBTQ youths have significantly more Risk Factors as a group and fewer Protective Factors overall
- LGBTQ youths have more Severe Risk Factors at any given time

Protective Factors for LGBTQ Youth



- Supportive Social Environment
 - Community vs. Online Community
- Supportive Family Environment
- Safe Schools
- Access to Effective Care and Treatment
- Parental Support of Sexual Identity and Gender Identity
- Coping Skills Development
- Strong Family Connections
- Strong Peer Connections
- Opportunities for Engagement in Activities
- Positive Role Models

Treatment of Suicidal Behaviors



USING DBT SKILLS TO TARGET BEHAVIOR CHANGE

What is DBT?



- Dialectical Behavior Therapy (DBT), developed by Marsha Linehan, is an evidence-based comprehensive treatment designed to effectively engage women with Borderline Personality Disorder.
- DBT offers clients a combination of skills training and individual psychotherapy on a weekly basis.
- This model has since been extended to use with inpatient and outpatient suicidal adolescents.
 - Depressed Elderly
 - Binge-Eating Disorders
 - Substance-Use Disorders

What is DBT? Cont.



- A Cognitive Behavioral Treatment (Change Treatments) for Disorders of Emotion Dysregulation
- Adds Validation (Acceptance-Based Treatments) and Dialectics to Standard CBT
- A Skills Based Treatment

Three Theories Blended



- Dialectical philosophy
- Behavioral science
- Zen practice/Acceptance Strategies

Dialectical Philosophy



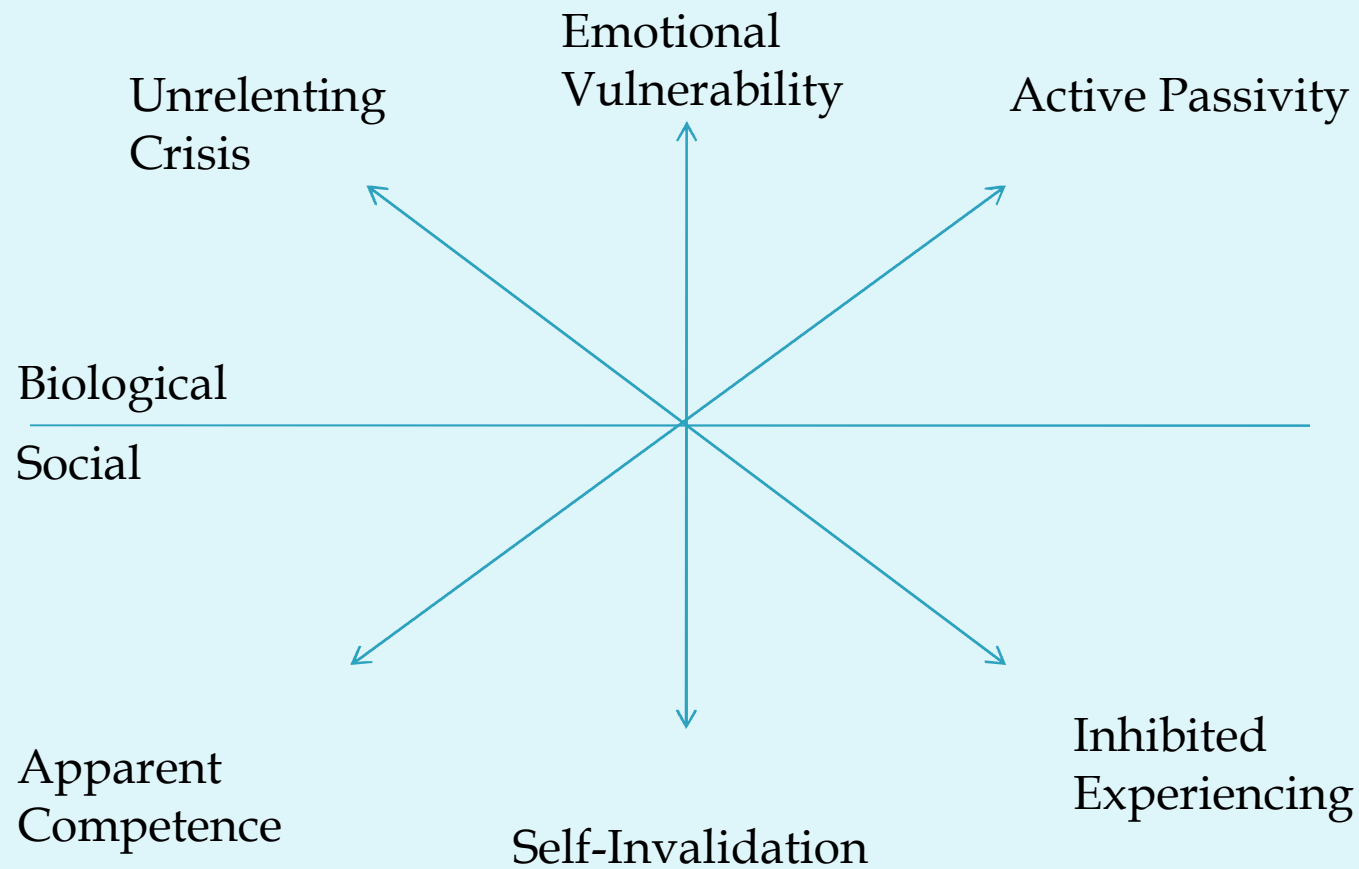
- A means of balancing acceptance strategies and change strategies
- Defined:
 - two opposing opposites (thesis and antithesis) coming together (synthesis) creating continuous change
- An approach to engaging in dialogue so that movement can be made
- An attempt to find more realistic “truth”

Dialectical Examples



- Acceptance of Behavior Vs. Changing Behavior
- I want to change vs. I don't want to change
- Love vs. Hate
- Competent and Capable vs. Incompetent and Incapable

Dialectical Dilemmas



Behavioral science



- Behavioral Analysis
- Solution Analysis
- Skills Training
- Contingency procedures
- Exposure
- Cognitive modification

Zen practice/Acceptance Strategies



- Acceptance strategies, balanced with change
- Encourage acceptance, rather than change of feelings
- Mindfulness
- Tolerance of pain, avoiding suffering

Role of Behavior



- **GOAL:**
 - Identify the reinforcers of any maladaptive behaviors
 - Teach new responses
 - Extinguish behavior
 - Reinforce adaptive coping
 - Validating and understanding etiology of behavior
- **Basics of Reinforcement:**
 - Do not reward maladaptive coping
 - Reward Adaptive or Effective Coping Strategies
 - Reinforcement: Maintains, Strengthens, or Increases Behaviors

Primary behavioral targets



- Decrease suicidal behavior
- Decrease therapy-interfering behavior
- Increase behavioral skills
- Decrease quality-of-life interfering behavior

Hierarchy of primary targets



Decrease life
threatening
behavior

Decrease therapy
interfering behavior

Decrease quality-of-life-interfering
behavior

Increase behavioral skills

Target behaviors - skills



Confusion about self

Wondering who you are and you want to become in life, observing your wants and needs.

Mindfulness

Taking hold of your mind, being in the moment, slowing down to get to wisemind.

Impulsivity

Acting before you think, instead of thinking before you act.

Distress Tolerance

Crisis survival, getting through the moment without making things worse.

Emotional Instability

Feeling your emotions control you, difficulty understanding your emotions, response to emotions causes problems for you.

Emotion Regulation

Observing, describing and understanding emotions, changing emotions, understanding how emotions are connected to body and behaviors.

Interpersonal Problems

Conflict with people you care about, trouble getting what you want or need from others, not feeling respected by others, giving in to others demands or fighting them constantly.

Interpersonal Effectiveness

Getting what you want/need out of relationships, building stronger relationships, maintaining self-respect

Teen/Family Dilemmas

Family conflict and disagreements, trouble negotiating, problems with setting limits, wanting more freedom.

Walking the Middle Path

Finding common ground, setting effective limits, learning to use validation, identify behaviors that are problematic.

Skills Training



- **Mindfulness**
The foundation : learn to observe, describe and participate to reduce impulsive reactivity, addresses the sense of self.
- **Interpersonal Effectiveness**
Balancing priorities, building self-respect, relationship effectiveness.
- **Emotion Regulation**
Effective expression & description of emotions, reduce emotional vulnerability, understand emotions and decrease emotional suffering.
- **Distress Tolerance**
Crisis survival strategies, acceptance, learning to tolerate painful events and emotions, reduce impulsivity.
- **Walking the Middle Path**
Family strategies for accepting common ground, setting limits, compromise, identifying problematic behaviors, validation, reinforcement and other behavioral principles.

Treatment of Shame



**TARGETING SHAME AS
PRIMARY EMOTION
TRIGGERING SUICIDAL
BEHAVIORS**

Suicidal Behaviors as Emotion Regulation



- Suicidal Ideation, Suicide Attempts, and Self-Injury
- Underlying Emotion Dysregulation
 - Functions to Regulate Emotions
 - ✦ Changes Current Emotional State
 - ✦ Changes Hope about Changing Emotional State
 - ✦ Functions to Avoid Negative Emotions
 - ✦ Helps to “Feel Better” in the moment
 - ✦ Provides Distraction
 - ✦ Used to Express Emotions
 - ✦ Release of Negative Emotions and Tension
 - ✦ To make Emotional Pain Clearer and More Tangible
 - ✦ To Punish Oneself
 - ✦ To Communicate to Other People

What's Wrong with Suicidal Behaviors?



- Can Die without Solving Your Problems
- Self-Harm is Addictive, Suicidal Attempts as well
- Become Preoccupied with Thoughts about Suicide
- Very Difficult to Stop Behaviors
- Causes Coping Skills to Atrophy
- Doesn't Solve Your Problem
- Makes You Feel Bad about Yourself
- Causes Relationship Problems
- Self-Respect Problems
- Causes Significant Levels of Shame

Targeting Shame



- Why Target Shame in LGBTQ
- The Following All Lead to the Development of Shame
 - Role of Invalidation in Development of Shame
 - Social Discrimination, Oppression
 - Invisible Minority
 - Internalized Homophobia
 - Institutionalized Homophobia

Definition of Shame



- “Highly negative and painful state that results in disruption of ongoing behavior, confusion in thought, and inability to speak” (Linehan, 1993)
- Painful emotion arising from consciousness of something dishonoring or ridiculous in one’s own conduct
- Self-conscious Emotion

Function of Shame



- Pro-actively helps people avoid wrongdoing
- Shame functions to hide problematic behavior from others
 - Can't solve problems because too aversive to look inside self and to analyze components of dysfunctional behavior
- Evolutionary Perspectives
 - Keeps one in society
 - Shame as appeasement-related process

Research on Shame



- Associated with Suicidality
 - Predicted suicide ideation in college students
 - Predicted suicide attempts in young adulthood by 5th graders
 - Shame in talking about past self-injury predicted future self-injury
- Correlated with anger and other negative emotions
- Relationship with PTSD
- Associated with decreased empathy for others

Interventions for Suicidal Behavior



- Conduct Behavioral Analysis of Problem Behavior
- ID suicidal behavior as a “problem behavior” or a maladaptive coping skill to be changed
- Gain Commitment and Re-Commitment w/Motivational Techniques
- DO NOT “take away” this coping skill without providing alternative, adaptive coping skill – Distress Tolerance
- Take a NONJUDGEMENTAL Stance (no shaking head, no blaming, no adverse responses via verbal or behaviorally)

Interventions continued



- **TEACH Mindfulness Skills to**
 - Enhance awareness of self and environment
 - ✦ ability to ID emotions
 - ✦ action urges,
 - ✦ emotional triggers etc.

- **TEACH alternative coping strategies**
 - CRISIS SURVIVAL SKILLS
 - DISTRESS TOLERANCE
 - EMOTION REGULATION SKILLS
 - ✦ Experience of Emotions
 - ✦ Opposite Action to Emotions

Interventions continued



- **CREATE** adaptive coping skills contract
 - ID specific steps to take
 - outline in detail
- **Be DIALECTICAL:**
 - Self-Injury is ALWAYS an option, the goal is to get them to commit to more effective options (short term vs. long term goals)
- **MANAGE** acceptance of behavior and push for change

Intervention continued



- **GOAL:**
 - Reduce maladaptive behaviors (self-injury)
 - Increase effective coping
 - GRADUALLY reinforce effective coping
- **Nonjudgmental Stance**
 - Reinforce effective coping by getting them to see the positive effects, not us telling them.
 - After they come up w/effective strategy then Reinforce...
 - DRAG NEW BEHAVIOR OUT

Interventions continued



- USE the Behavioral Chain Analysis EVERY time they report suicidal behaviors and self-injury
 - An effective intervention for identifying triggers
 - Identifying behavioral patterns
 - Identifying coping (adaptive or maladaptive)
 - Identifying chosen solutions (adaptive or maladaptive)
 - IDENTIFYING SPECIFIC AREAS OF INTERVENTION

Chain Analysis Components



- 1st Figure out the Problem

Translate every goal and problem (that you are targeting) into behaviors and associations to change

- 2nd Test your Hypotheses: Insight Strategies
 - Highlight Hypotheses
 - Observe and describe recurrent patterns
 - Comment on implications of behavior

Chain Analysis cont...



- Analyze the chain of events moment-to-moment over time
 - Go over in FINE DETAIL, addressing the beginning, middle and end
 - Identify
 - ✦ ***Vulnerability***
 - ✦ ***Prompting Event***
 - ✦ ***Links in chain (bx's, thoughts, etc.)***
 - ✦ ***Problem Behavior***
 - ✦ ***Consequences***

Chain Analyses Cont.



- Remember ABCEF for Links in the Chain:
 - **Actions**
 - **Body changes/sensations**
 - **Cognitions/thoughts/interpretations**
 - **Events**
 - **Feelings and Emotions**

Goal of Chain Analysis



- ID stimulus and prompting events,
 - ID effective coping that “works”, REINFORCE
- ID links in chain,
 - ID areas of intervention
- Break link between prompting event and problem links
- Break link between problem behavior and consequences

Once you have all the information, move to Solution



- 3rd Figure out what to do: Solution Analysis Strategies
 - ID goals, needs, and desires
 - Generate Solutions
 - Evaluate Solutions
 - Choose a Solution to implement
 - Troubleshoot the solution

Intervention continued



- **USE Contingencies:**
 - Identify the reinforcers of particular behavior,
 - Extinguish or Eliminate reinforcers of maladaptive coping
 - Create stronger reinforcers of positive coping
- **USE Pros and Cons of engaging in behavior**
 - Pros and Cons of NOT engaging in behavior
- **USE Motivational Techniques**
 - Have client find valid reasons to change
 - DON'T FORCE CHANGE

Culturally Competent Practice



- Culturally Competent Practice:
 - Implies acceptance and nonjudgmental stance towards individual, family, culture, and BEHAVIORS
- Behaviors do not imply intent
- Nonjudgmentalness requires
 - NO assumptions behind existence of behaviors
 - Behaviors are just reinforced patterns that get needs met...aka the idea behind Manipulation

Suggested Readings



- ▣ Skills Training Manual for Treating Borderline Personality Disorder by Marsha M. Linehan, 1993
- ▣ Cognitive-Behavioral Treatment of Borderline Personality Disorder by Marsha M. Linehan, 1993
- ▣ Dialectical Behavior Therapy with Suicidal Adolescents by Alec Miller, Jill Rathus and Marsha Linehan, 2007
- ▣ Don't Shoot the Dog: How to improve yourself and others through behavioral training by Karen Pryor, 1985
- ▣ Treating the Trauma of Rape: Cognitive and behavioral therapy for post-traumatic stress disorder by Foa and Rothbaum, 2001.
- ▣ Freedom From Self-Harm: Overcoming Self-Injury with Skills from DBT and Other Treatments by Gratz and Chapman, 2009

Contact Information



- QUESTIONS?

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